

SERFF Tracking Number:	CMNY-125605718	State:	Arkansas
Filing Company:	Combined Insurance Company of America	State Tracking Number:	38688
Company Tracking Number:	UH R63003CCE 0408-AR		
TOI:	H04 Health - Blanket Accident/Sickness	Sub-TOI:	H04.001 Student
Product Name:	Blanket Student Accident & Sickness		
Project Name/Number:	Rider Filing/UH R63003CCE 0408-AR		

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Blanket Student Accident & Sickness SERFF Tr Num: CMNY-125605718 State: ArkansasLH

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 38688
 Sub-TOI: H04.001 Student Co Tr Num: UH R63003CCE 0408-AR State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
 Authors: Andrew Mead, James Milici Disposition Date: 04/21/2008
 Date Submitted: 04/11/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Rider Filing	Status of Filing in Domicile: Not Filed
Project Number: UH R63003CCE 0408-AR	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type:	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Blanket
Filing Status Changed: 04/21/2008	
State Status Changed: 04/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

We enclose, for filing, the group insurance forms listed below. These are new forms and are not intended to replace any previously filed form. The variable material in these forms has been indicated by brackets.

Form Number Description

SERFF Tracking Number: CMNY-125605718 State: Arkansas
 Filing Company: Combined Insurance Company of America State Tracking Number: 38688
 Company Tracking Number: UH R63003CCE 0408-AR
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: Blanket Student Accident & Sickness
 Project Name/Number: Rider Filing/UH R63003CCE 0408-AR

UH R63003CCE 0408-AR Colorectal Cancer Examination Expense Benefit Rider

UH R63003GAD 0408-AR General Anesthesia for Dental Expense Benefit Rider

UH R63003PD 0408-AR Prescription Drug Expense Benefit Rider

These forms are intended for use with Blanket Student Accident & Sickness policy form UH P63003 0804-AR and related certificate and application forms, which were approved by the Department on August 30, 2004.

Company and Contact

Filing Contact Information

Andrew Mead, Director, Compliance andrew.mead@combined.com
 331 Newman Springs Road (732) 945-2320 [Phone]
 Red Bank, NJ 07701 (732) 945-2301[FAX]

Filing Company Information

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois
 331 Newman Springs Road Group Code: 317 Company Type:
 Bldg 1, 3rd Floor, Suite 133
 Red Bank, NJ 07701 Group Name: State ID Number:
 (732) 945-2300 ext. [Phone] FEIN Number: 36-2136262

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? Yes
 Fee Explanation: Our home state is Illinois. The Illinois fee is \$50 per form; times 3 forms, = \$150.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$0.00	04/11/2008	

<i>SERFF Tracking Number:</i>	<i>CMNY-125605718</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Blanket Student Accident & Sickness</i>		
<i>Project Name/Number:</i>	<i>Rider Filing/UH R63003CCE 0408-AR</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/21/2008	04/21/2008

<i>SERFF Tracking Number:</i>	<i>CMNY-125605718</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Blanket Student Accident & Sickness</i>		
<i>Project Name/Number:</i>	<i>Rider Filing/UH R63003CCE 0408-AR</i>		

Disposition

Disposition Date: 04/21/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMNY-125605718 State: Arkansas

Filing Company: Combined Insurance Company of America State Tracking Number: 38688

Company Tracking Number: UH R63003CCE 0408-AR

TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student

Product Name: Blanket Student Accident & Sickness

Project Name/Number: Rider Filing/UH R63003CCE 0408-AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Filing submission letter	Approved-Closed	Yes
Form	Colorectal Cancer Examination Expense Benefit Rider	Approved-Closed	Yes
Form	General Anesthesia for Dental Expense Benefit Rider	Approved-Closed	Yes
Form	Prescription Drug Examination Expense Benefit Rider	Approved-Closed	Yes

SERFF Tracking Number: CMNY-125605718 State: Arkansas

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TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student

Product Name: Blanket Student Accident & Sickness

Project Name/Number: Rider Filing/UH R63003CCE 0408-AR

Form Schedule

Lead Form Number: UH R63003CCE 0408-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	UH R63003CCE 0408-AR	Certificate Amendment, Insert Page, Endorsement or Rider	Colorectal Cancer Examination Expense Benefit Rider	Initial		46	Colorectal Cancer Exam Rider UH R63003CCE 0408-AR.pdf
Approved-Closed	UH R63003GAD 0408-AR	Certificate Amendment, Insert Page, Endorsement or Rider	General Anesthesia for Dental Expense Benefit Rider	Initial		46	General Anesthesia Dental Rider UH R63003GAD 0408-AR.pdf
Approved-Closed	UH R63003PD 0408-AR	Certificate Amendment, Insert Page, Endorsement or Rider	Prescription Drug Examination Expense Benefit Rider	Initial		48	Prescription Drug Rider UH R63003PD 0408-AR.pdf

COMBINED INSURANCE COMPANY OF AMERICA
5050 Broadway, Chicago, Illinois 60640

POLICY/CERTIFICATE AMENDMENT

This rider is attached to and made part of Policy No. **[CUH0123456]** issued by **Combined Insurance Company of America** to **[ABC University]**.

Effective **[June 1, 20XX]**, this rider amends the Policy and Certificate by adding the following provision:

COLORECTAL CANCER EXAMINATION EXPENSE BENEFIT RIDER

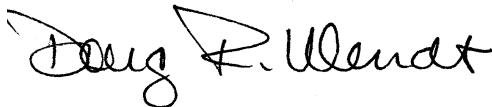
We will pay the Covered Percentage of the Covered Charges incurred for colorectal cancer examination performed by a qualified facility or Doctor as follows:

- (1) For Insured Persons 50 years of age or older: screening with annual fecal occult blood tests (3 specimens), flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, double contrast barium enema every 5 years, or any combination of the most reliable, medically recognized screening tests as may be determined by the Secretary of Health and Social Services;
- (2) For Insured Persons who are deemed at high risk for colon cancer because of family history of familial adenomatous polyposis, family history of hereditary nonpolyposis colon cancer, chronic inflammatory bowel disease, family history of breast, ovarian, endometrial, colon cancer or polyps, or a background, ethnicity or lifestyle such that the treating health care provider believes the Insured Person is at elevated risk: Screening by colonoscopy, barium enema or any combination of the most reliable, medically recognized screening tests available as may be determined by the Secretary of Health and Social Services shall be covered at a frequency determined by the Doctor.

We cover such charges the same way We treat Covered Charges for any other Sickness.

What We pay is shown in the Plan of Insurance.

Signed for **Combined Insurance Company of America**



Chairman and
Chief Executive Officer



Secretary

COMBINED INSURANCE COMPANY OF AMERICA
5050 Broadway, Chicago, Illinois 60640

POLICY/CERTIFICATE AMENDMENT

This rider is attached to and made part of Policy No. **[CUH0123456]** issued by **Combined Insurance Company of America** to **[ABC University]**.

Effective **[June 1, 20XX]**, this rider amends the Policy and Certificate by adding the following provision:

GENERAL ANESTHESIA FOR DENTAL CARE EXPENSE BENEFIT RIDER

We will pay the expenses incurred to cover general anesthesia and associated facility charges for dental procedures rendered in a Hospital or general surgery center when the clinical status or underlying medical condition of an Insured Person requires dental procedures that ordinarily would not require anesthesia in a Hospital or surgery center setting.

This benefit applies only to general anesthesia and associated facility charges and only for the following Insured Persons:

1. Insured Persons who are under seven (7) years of age;
2. Insured Persons who are developmentally disabled, regardless of age; or
3. Insured Persons whose health is compromised or for whom general anesthesia is necessary, regardless of age.

We will not cover the charges for the dental procedure itself, including the professional fee of the dentist. Coverage for anesthesia and associated facility charges will be subject to all other terms and conditions of this Policy the same as for any other covered Injury or covered Sickness. We will not provide benefits under this provision for anesthesia or related facility charges for dental procedures that ordinarily would require general anesthesia and that do not meet the requirements of items 1, 2, or 3 of this benefit.

Coverage for general anesthesia and associated Hospital or ambulatory facility charges is restricted to dental care that is provided by:

- (a) a fully accredited specialist in pediatric dentistry;
- (b) a fully accredited specialist in oral and maxillofacial surgery; and
- (c) a dentist to whom Hospital privileges have been granted.

This benefit does not cover dental care rendered for temporomandibular joint disorders.

We cover such charges the same way We treat Covered Charges for any other Sickness.

What We pay is shown in the Plan of Insurance.

Signed for **Combined Insurance Company of America**

Handwritten signature of Doug R. Wendt in black ink.

Chairman and
Chief Executive Officer

Handwritten signature of Paul A. Goldkey in black ink.

Secretary

COMBINED INSURANCE COMPANY OF AMERICA
5050 Broadway, Chicago, Illinois 60640

POLICY/CERTIFICATE AMENDMENT

This rider is attached to and made part of Policy No. **[CUH0123456]** issued by **Combined Insurance Company of America** to **[ABC University]**.

Effective **[June 1, 20XX]**, this rider amends the Policy and Certificate by adding the following provision:

PRESCRIPTION DRUG EXPENSE BENEFIT RIDER

If by reason of Injury [or Sickness], an Insured Person requires drugs, We will pay the Covered Percentage of the Covered Charges incurred by the Insured Person for such drugs and the Medically Necessary services associated with the administration of such drugs[, subject to the Copayment shown in the Plan of Insurance].

The drugs must be prescribed by a Doctor. We only cover drugs which are approved for the treatment of the Insured Person's Injury [or Sickness] by the Food and Drug Administration. We will also cover a drug prescribed for a treatment for which it has not been approved by the Food and Drug Administration if the drug is recognized as being medically appropriate for the specific treatment for which the drug has been prescribed in one of the following established reference compendia:

- (1) the American Medical Association Drug Evaluations;
- (2) the American Hospital Formulary Service Drug Information;
- (3) the United States Pharmacopoeia Drug Information; or
- (4) it is recommended by a clinical study or review article in two major peer-reviewed professional journals that present data supporting the use or uses to be generally safe and effective.

However, Covered Charges do not include experimental or investigational drugs or any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment for which the drug has been prescribed.

We will also pay the Covered Percentage of the Covered Charges incurred by the Insured Person for:

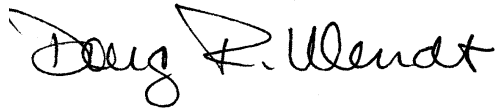
- (1) a prescription contraceptive drug or device approved by the Food and Drug Administration; or
- (2) an outpatient contraceptive service,

subject to the Copayment shown in the Plan of Insurance.

What We pay is shown in the Plan of Insurance.

UH R63003PD 0408-AR

Signed for **Combined Insurance Company of America**

A handwritten signature in black ink that reads "Doug R. Wendt". The signature is fluid and cursive, with the first name "Doug" being more prominent.

Chairman and
Chief Executive Officer

A handwritten signature in black ink that reads "Paul A. Goldkey". The signature is fluid and cursive, with the first name "Paul" being more prominent.

Secretary

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Bypassed -Name:	Certification/Notice	Review Status:	
Bypass Reason:	See filing submission letter for certification.	Approved-Closed	04/21/2008
Comments:			

Bypassed -Name:	Application	Review Status:	
Bypass Reason:	Not applicable to this submission.	Approved-Closed	04/21/2008
Comments:			

Satisfied -Name:	Filing submission letter	Review Status:	
Comments:		Approved-Closed	04/21/2008
Attachment:			
AR Submission Letter.pdf			

April 11, 2008

The Honorable Julie Benafield Bowman
Insurance Commissioner
Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Attention: Life and Health Division

Re: NAIC # 62146
Combined Insurance Company of America
Form #: UH R63003CCE 0408-AR
UH R63003GAD 0408-AR
UH R63003PD 0408-AR

Dear Ms. Bowman,

We enclose, for filing, the group insurance forms listed below. These are new forms and are not intended to replace any previously filed form. The variable material in these forms has been indicated by brackets.

<u>Form Number</u>	<u>Description</u>
UH R63003CCE 0408-AR	Colorectal Cancer Examination Expense Benefit Rider
UH R63003GAD 0408-AR	General Anesthesia for Dental Expense Benefit Rider
UH R63003PD 0408-AR	Prescription Drug Expense Benefit Rider

These forms are intended for use with Blanket Student Accident & Sickness policy form UH P63003 0804-AR and related certificate and application forms, which were approved by the Department on August 30, 2004.

These forms have not been submitted to our Home State, Illinois, since Illinois does not require the filing of group insurance forms which are for use solely outside the state of Illinois.

We certify that, in our judgment, the forms in this submission comply with the requirements of Ark. Stat. Ann. Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act. The forms have been scored separately for the Flesch reading ease test using the computer service to which we subscribe. The test was applied to the entire contract forms and the scores for the forms are shown below.

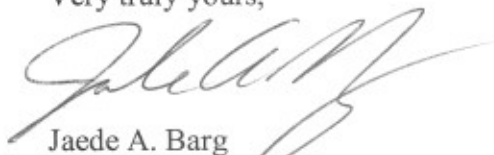
<u>Form</u>	<u>Flesch Score</u>
UH R63003CCE 0408-AR	45.6
UH R63003GAD 0408-AR	45.7
UH R63003PD 0408-AR	47.6

These forms are printed in not less than ten point type, one point leaded.

A check for \$150.00 as payment of the filing fee will follow under separate cover.

If you have any questions, please call Andrew Mead at (732) 945-2320.

Very truly yours,



Jaede A. Barg
Senior Vice President &
Managing Director